

## Patient Instruction & Consent Form for Allergy Skin Testing

It is very important to be on time for your skin test appointment. If you arrive late, we may be unable to test you due to the testing schedule. Wear comfortable clothing. You will be asked to take your top off. Please do not wear a one-piece outfit.

We request that you do not bring small children with you when you are scheduled for skin testing unless they are accompanied by another adult who can sit with them in the reception room.

You will need to notify our staff if you have a fever (100.5° F or greater), current illness or recent infection including recent COVID-19, or had an asthma attack within 3 days prior to testing. Call our office and we can reschedule your allergy testing

Please do not cancel your appointment since the time set aside for your skin test is exclusively yours for which special allergens are prepared. If for any reason, you need to change your skin test appointment, please give us at least 48 hours' notice, due to the length of time scheduled for skin testing. Any last minute change results in a loss of valuable time that another patient might have utilized.

## How do you get ready for the test?

Please follow these directions when getting ready for this test. **All antihistamines will effect the results of these tests and need to be stopped before the testing is completed.** If the medicine is not stopped before the test we will not be able to get an accurate result.

- Stop these antihistamines for the length of time listed before your appointment at the office.
  - Stop these **oral** antihistamines for **5 days** before your appointment:
    - Atarax®, Vistaril® (hydroxyzine)
    - Claritin® (Loratadine), Allegra® (fexofenadine)  
Clarinex® (desloratadine)
    - ChlorTrimeton® (chlorpheniramine)
    - Dimetapp® (brompheniramine)
    - Phenergan® (promethazine)
    - Tavist®, Antihist®, Dayhist® (clemastine)
    - Xyzal (levocetirizine)

- Zyrtec® (cetirizine)
  - Combination medicines: Actifed®, Aller-Chlor®, Bromfed®, Drixoral®, Dura-tab®, Novafed-A®, Ornade®, Poly-Histine-D®, Trinalin®
  
- Stop this **oral** antihistamines, local antihistamines nose sprays and eye drops **3 days** before your appointment. If possible you able to, stop these 5 days before.
  - Benadryl® (diphenhydramine)
  - Examples: azelastine (nose), olopatadine (eye)
  - sleep aides (examples: Tylenol® PM, Advil® PM and Nyquil™)
  
- If you are taking an oral antihistamine that is not listed stop the medicine for **3-4 days** before your appointment. If you are not sure if the medicine you are taking is an antihistamine, ask your doctor. Some over-the-counter cold and flu medications contain an antihistamine, so be sure to read labels carefully.
  
- Stop these medicines the morning of your appointment:
  - Axicid® (nizatidine)
  - Pepcid® (famotidine)
  - Tagamet® (cimetidine)
  - Zantac® (ranitidine)
  - Zyflo® (zileuton)
  - Some psychiatric medications, including tricyclic antidepressants can also affect the results of your skin testing. Let your doctor know if you are on any antidepressants or sleep aides before your test, **but do not stop them without consulting the prescribing doctor.**
  
- Continue to take all your other medicine as you usually do. Inhaled, nasal and oral glucocorticoids (steroids) will not interfere with the results of your skin testing.
  
- Do not apply lotions or creams to your back the day of your appointment.

## What is allergy prick skin testing?

Your doctor has suggested you/your child have this test as part of the evaluation at the office. Prick skin tests are done to help identify if you/your child are allergic and what you are allergic to. Skin testing is a simple series of tiny scratches made on your back with an instrument that has small toothpick-like prongs each containing trace amounts of a single allergen. Your doctor determines the number of tests done according to the

history you have given. Skin testing is not painful. After skin prick testing some patients may also receive intradermal testing. With intradermal tests, a small amount of the allergen is injected under the skin of the arm to see if it causes a reaction.

Skin testing will be administered at this medical facility with a medical physician or other health care professional present since occasionally reactions may require immediate therapy. These reactions may consist of any or all of the following symptoms: itchy eyes, nose or throat; nasal congestion, runny nose, tightness in the throat or chest, increased wheezing, lightheadedness, faintness, nausea and vomiting, hives generalized itching and shock, the latter under extreme circumstances. Please note that these reactions rarely occur but in the event a reaction would occur, the staff is fully trained and emergency equipment is available.

Please let your physician and nurse know if you are pregnant or taking beta-blockers. Allergy skin testing may be postponed until after the pregnancy in the unlikely event of a reaction to the allergy testing and beta-blockers are medications that may make the treatment of the reaction to testing more difficult.

## How long will the test take?

Prick skin testing often takes 60 to 90 minutes to complete.

## What to know after the testing:

After skin testing, you will make an appointment to meet with your physician who will review your testing results and make further recommendations regarding your treatment.

There can be swelling or redness at the skin test sites, which can appear several hours after your testing, called "delayed" reactions" and do not have any significance. Any itching associated with these reactions can be managed with steroid creams and anti-histamines.

If possible print the consent form and bring it with you.

# Allergy Testing Consent Form:

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I have read the patient information sheet on allergy skin testing and understand it. The opportunity has been provided for me to ask questions regarding the potential side effects of allergy skin testing and these questions have been answered to my satisfaction. I understand that every precaution consistent with the best medical practice will be carried out to protect me against such reactions.

***Patient (or Parent or legal guardian\*) signature*** \_\_\_\_\_

***Patient printed name*** \_\_\_\_\_

***Date signed*** \_\_\_\_\_

***\*As parent or legal guardian, I understand that I must accompany my child throughout the entire procedure and visit.***